



**Virginia Department of Transportation
Public Rights-of-Way Use Fee
Remittance Advice**

For the Month/Quarter/Year Ending _____

Remitter _____

On Behalf of / D/B/A _____

Remitter Contact Name/Phone _____
(print/type)

Remitter Signature _____

# Number of Access Lines Billed	
Rate per Access Line	\$
Gross Remittance to VDOT	\$
Amount Remitted to VDOT	\$
Unpaid Balance	\$
# Number of Access lines Not Paid	

Please remit payment to:

Virginia Department of Transportation
Attention: Cash Receipts Office
Fiscal Division, 3rd floor
1221 East Broad Street
Richmond, Virginia 23219

<u>For Internal Use Only:</u>	
CSC	120001
Acct	0217303
Org	10030